

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		<b>Docket Number (Optional)</b> 1/1174-1-C1								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">In re Application of Michel PAIRET, et al.</td> </tr> <tr> <td style="width: 60%; padding: 2px;">Application Number 10/776,757</td> <td style="padding: 2px;">Filed February 11, 2004</td> </tr> <tr> <td colspan="2" style="padding: 2px;">For PHARMACEUTICAL COMPOSITIONS BASED ON ANTICHOLINERGICS AND CORTICOSTEROIDS</td> </tr> <tr> <td style="padding: 2px;">Group Art Unit 1617</td> <td style="padding: 2px;">Examiner Carlic K. Huynh</td> </tr> </table>			In re Application of Michel PAIRET, et al.		Application Number 10/776,757	Filed February 11, 2004	For PHARMACEUTICAL COMPOSITIONS BASED ON ANTICHOLINERGICS AND CORTICOSTEROIDS		Group Art Unit 1617	Examiner Carlic K. Huynh
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<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <p> <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) \$ _____  <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) \$ _____  <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) \$ <u>1050</u>  <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) \$ _____  <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) \$ _____         </p> <p> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.  <input type="checkbox"/> A check in the amount of the fee is enclosed.  <input checked="" type="checkbox"/> Payment by credit card via EFS.  <input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.  <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-3402</u>.              I have enclosed a duplicate copy of this sheet.         </p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p> <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71              Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  <input checked="" type="checkbox"/> attorney or agent of record.  <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).              Registration number if acting under 37 CFR 1.34(a): _____.         </p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;"> <p style="text-align: center;">April 4, 2008</p> <p style="text-align: center;">_____ Date</p> </div> <div style="width: 55%;"> <p style="text-align: center;">/John A. Sopp/ _____ Signature</p> <p style="text-align: center;">John A. Sopp, Reg. No. 33,103 _____ Typed or printed name</p> </div> </div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> *Total of _____ forms are submitted.</p>										